

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10599356**

Filing Date

Applicant(s) **Frank Larsen**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
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14				1		
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50						
Total Indep.	0		4		0	
Total Depend	0	←	25	←	0	←
Total Claims	0		29		0	

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	Indep	Depend	Indep	Depend	Indep	Depend
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